

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

**Maternal and Child Health Bureau  
Maternal and Child Health Training Program**

***T21-Continuing Education (CE)  
-Collaborative Office Rounds  
(COR)***

***T02-Continuing Education/Distance  
Learning (DL)***

***T16-Graduate Medical Education (GME)***

***Catalog of Federal Domestic Assistance  
(CFDA) No. 93.110***

**PROGRESS REPORT PROGRAM GUIDANCE  
Non-Competitive Renewal**

Fiscal Year 2004

**Application Due Date: April 2, 2004  
Release Date: February 6, 2004**

Contact Names: CE and COR- Diana L. Rule MPH; CE/DL and GME Aaron Favors PhD  
Titles, Offices: Program Officers; Division of Research Training and Education  
Telephone: (301) 443-0233 (Rule); (301) 443-0392 (Favors)  
Fax: (301) 443-4842

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## **I. PURPOSE**

A progress report is required for continuation of grant funding for each budget year within a project period. It serves as the primary source of information regarding activities, accomplishments, outcomes, and problems related to the project during the current budget period. It provides documentation necessary to justify continuation of the project. The report should include specific details regarding the performance outcome measures relating to the goals and objectives stated in the approved project plan. The entire progress report submission, including the budget and budget justification, will be reviewed by your MCHB project officer and grants management officer.

## **II. AWARD INFORMATION**

### **Summary of Funding**

Your continuation budget request should not exceed the dollar amount specified in line item 13a of your Notice of Grant Award. All budget items and amounts must be fully justified based on the proposed activities. Funding is dependent on the availability of appropriated funds in subsequent years and satisfactory grantee performance.

Budget Periods:

For CE, CE/DL and GME, the budget period is June 1, 2004 through May 31, 2005.

For COR, the budget period is July 1, 2004 through June 30, 2005.

## **III. PROGRESS REPORT SUBMISSION INFORMATION**

### **1. Content and Form of Application Submission**

#### **Application Format Requirements**

The entire application **may not exceed 20 pages in length**. Pages must be numbered consecutively.

a. **Number of Copies:** Please submit one (1) original and one (1) unbound copy of the progress report. Please do not bind or staple the application. Progress Report must be single sided.

b. **Font:** Please use an easily readable serif typeface, such as Times Roman, Courier, CG Times, or Arial. The text and table portions of the progress report must be submitted in not less than 12 point and 1.0 line spacing. Progress reports not adhering to 12 point font requirements may be returned.

c. **Paper Size and Margins:** For scanning purposes, please submit the progress report on 8 ½" x 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

**d.Numbering:** Please number the pages of the application sequentially from page 1 (face page) to the end of the application, including charts, figures, tables, and appendices.

**e.Names:** Please include the name of the applicant on each page.

**f.Section Headings:** Please put all section headings flush left in bold type.

## **Application Format**

Applicants for this program should apply using the Progress Report format, see Guidance Appendix A.

### **i. Progress Report Cover Sheet Face Page**

The cover sheet is provided in Appendix A, including a space for the newly required DUNS Number.

### **DUNS Number**

As of October 1, 2003, all applicant organizations are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://www.hrsa.gov/grants/duns.htm> or call 1-866-705-5711. Please include the DUNS number beneath the Grant Number on the progress report cover page. Progress reports *will not* be reviewed without a DUNS number.

Additionally, the applicant organization will be required to register with the Federal Government's Central Contractor Registry (CCR) in order to do business with the Federal Government, including electronic. Information about registering with the CCR can be found at <http://www.hrsa.gov/grants/ccr.htm>.

### **ii. Table of Contents**

Provide a Table of Contents for the remainder of the application, with page numbers.

### **iii. Progress Report Checklist**

A complete progress report will include the following:

- € Progress Report Cover Sheet
- € Table of Contents
- € Abstract
- € Detailed Budget and Budget Justification
- € Data for Current Budget Period
- € Narrative Progress Report
- € Appendix: Biographical sketch(es) of Key Personnel, if applicable

#### **iv. Budget**

Complete a budget form and budget justification for the coming project year (CE, CE/DL and GME—June 1, 2004 through May 31, 2005; COR—July 1, 2004 through June 30, 2005). Include all direct and indirect expenses supported by the grant on the budget form provided, HRSA 6025-2 budget form, see Guidance Appendix A. All line items must be well justified in a narrative budget justification.

#### **v. Budget Justification**

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives/goals. Be very careful about showing how each item in the "other" category is justified.

#### **Caps on Expenses**

**Indirect Costs:** Indirect costs will be reimbursed at 8% of total allowable direct costs exclusive of tuition and related fees and expenditures for equipment or at the actual indirect cost rate, whichever results in a lesser dollar amount.

#### **Personnel**

List personnel (professional and nonprofessional) by name and position, or by position only if not yet filled, for whom salary is requested. (Support cannot be provided for faculty/staff who are at an organizational level superior to that of the Project Director or who are not subject to his/her administrative direction.) **For each professional, state the percent of time or effort charged to the grant on the budget form. In the budget justification, indicate the entire percentage of time or effort devoted to the training project.** List the total project effort of hours or percent of time that personnel, including unpaid (voluntary) faculty and staff (professional, technical, secretarial and clerical) will devote to the project and reflect their contribution in the budget justification even if funds for salaries have not been requested.

List the dollar amounts separately for fringe benefits and salary for each individual. In computing estimated salary charges, an individual's salary represents the total authorized annual compensation that an applicant organization would be prepared to pay for a specified work period irrespective of whether an individual's time would be spent on government-sponsored research, teaching or other activities. The base salary for the purposes of computing charges to a DHHS grant excludes income which an individual may be permitted to earn outside of full-time duties to the applicant organization. Where appropriate, indicate whether the amounts requested for the professional personnel are for twelve-month, academic year, or summer salaries, and include the formulas for calculating summer salaries.

#### **Consultant Costs**

Provide the name, institutional affiliation, and qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be

performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

### **Equipment**

List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items.

### **Contracts**

To the extent possible, all subcontract budgets and justifications should be standardized, and contract budgets should be presented by using the same object class categories contained in HRSA Form 6025-2. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

### **Supplies**

Itemize and justify how major types of supplies, such as general office and photocopying expenses, relate to the project. Medical/clinical supplies and drugs are not ordinarily acceptable.

### **Staff Travel**

Enter the travel costs for staff travel which is essential to the conduct of the training project. List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Describe the purpose of the travel giving the number of trips involved, the destinations and the number of individuals for whom funds are requested. Please note that travel costs for consultants, should be included under "Consultants." Use of grant funds for foreign travel is prohibited.

Grantees may be asked to travel to an annual grantee meeting. The time of this meeting will be announced at a later date. Funds for such a meeting should be included in the budget.

### **Other Expenses**

List and justify other expenses by major categories. Do not include under this category items which properly belong in another category.

## **Trainee Expenses**

### **Stipends**

Enter the number and the total stipend amount for each trainee category as appropriate. All stipends indicated are for a full calendar year, and must be prorated for an academic year or other training period of less than twelve months. The stipend levels may, for the Maternal and Child Health Training Program, be treated as ceilings rather than mandatory amounts, i.e., stipends may be less than but may not exceed the amounts indicated. However, where lesser amounts are awarded the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. These stipend levels apply to the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Health Resources and Services Administration training grantees and were updated on March 7, 2003, see <http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-03-033.html>

### **Tuition and Fees**

Explain in detail the composition of this item. Tuition at the postdoctoral level is limited to that required for specified courses. The institution may request tuition and fees (including appropriate health insurance) only to the extent that the same resident or nonresident tuition and fees are charged to regular non-Federally supported students.

### **Trainee Travel**

Enter the amount requested for trainee travel which is necessary for the training experience. Describe the purpose of the travel, giving the number of trips involved, the travel allowance used, the destinations, and the number of individuals for whom funds are requested.

### **Indirect Costs**

Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For the training program, indirect costs are capped at 8% (see 2. Caps on Expenses, above).

## **vi. Project Abstract**

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the grant project including the needs addressed, services provided, and the population group(s) served. The Abstract of the project must not exceed three (3) pages.

Please place the following at the top of the abstract:

**Project Identifying Information**

- Project Title
- MC Number
- Project Director
- Contact Person
- Grantee Organization and Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address (**please make sure this is up to date**)
- Web Site Address
- Project Period

**Annotation**

Prepare a three to five-sentence summary of the project which identifies the project's purpose, needs and problems addressed, goals and objectives, educational programs and activities for attaining goals, and evaluation.

**Key Words**

Key words are the terms under which your project will be indexed in databases. Select the most significant terms which describe the training project, including health professions for which training is offered; populations served; scope of services; and major issues being addressed through service, research, and training.

**Abstract**

The project abstract must be single-spaced and limited to three pages in length and should include the following headings:

**PROBLEM:** Briefly state the principal needs and problems which are addressed by the project, including the project's relationship to current MCH program priorities.

**GOAL(S) AND OBJECTIVES:** Identify the major training goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.

**METHODOLOGY:** Describe the educational programs and activities used to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. This section describes the activities which have been proposed or are being implemented to achieve the stated objectives.

**COORDINATION:** Describe the coordination planned with appropriate national, regional, state and/or local health agencies and/or organizations in the area(s) served by the project.

**EVALUATION:** Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the training project in attaining goals and objectives.



EXPERIENCE TO DATE: Summarize or list the major activities and outcomes of the training program to date. Provide evidence of progress toward meeting project goals.

**vii. Narrative Progress Report**

Report achievements to date for the past budget period and projected plans for the coming budget period, June 1, 2004 through May 31, 2005 (for CE, CE/DL and GME) and July 1, 2004 through June 30, 2005 (for COR).

Section headings should be:

**A. Administration/Organization**—Indicate any changes affecting the structure or placement of the program, significant changes in administration, faculty/staff, resources, funding, facilities, etc. In the appendix, include a Biographical Sketch (two page maximum) for new grant-supported faculty appointed during the past year, i.e., since the last progress report was submitted.

**B. Project Plan Amendments**—Describe and justify proposed amendments/revisions to your originally approved project plan and /or previously approved continuation application.

**C. Training**

1. Provide a narrative description of the training program supported by your grant in the past year, indicating needs assessments conducted, methods used, topics and locations of sessions, and any lessons learned. Describe any additional activities and outcomes of the program that are noteworthy. Significant challenges to program implementation should also be identified, as well as your plans to address them.

2. Complete the Short and Medium Term Trainee form for all trainees reached by your program in the past year (see Guidance Appendix A). Short term trainees are those who have had less than 40 contact hours with your training program in the last 12 month grant period. Medium term trainees are those with 40 or more but less than 300 contact hours in the past 12 month grant period.

3. Complete the Training Form for all CE activities in the past year. List the Topics, methods, number of students, duration, and whether CE units were provided for all CE activities in the past project year.

**D. Collaboration/Coordination**—Describe, in particular, the activities related to, or resulting from, established relationships of the program and faculty with State and local Title V agencies/programs and with other maternal and child health programs in the community, state, and region. Describe any collaborative activities with other MCH training programs.

**E. Leadership**—Briefly describe (1-2 paragraphs) any best practices or innovations that your program has implemented to promote leadership development in your trainees and faculty.

**F. Marketing/Dissemination**—Describe how you market your training program(s) and disseminate any products. Provide urls for any web based materials or coursework. Do not send copies of publications and other materials with the Progress Report.

**G. Evaluation/Impact**—Describe the outcomes to date of the evaluation plan presented in your initial proposal. Are you meeting project goals and objectives? If so, how are you measuring this?

How does this training grant make a difference in your training program? Summarize the benefits of this grant to the program/department/ institution, e.g., outcomes that are linked to this MCHB support. In addition, briefly explain the training grant's impact at the local, state, regional and national levels.

#### **viii. Progress Report Appendix (If Applicable)**

Please include Biographical Sketches of Key Personnel (**FOR NEW FACULTY ONLY**). Biographical sketches should not to exceed two pages in length.

### **3. Submission Dates and Times**

#### **Progress Report Due Date**

The due date for progress reports is April 2, 2004.

#### **Paper Submission:**

In the event that questions arise about meeting the application due date, applicants must have a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be accepted as proof of timely mailing.

### **4. Intergovernmental Review**

EO 12372 does not apply to this program.

### **5. Funding Restrictions**

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the government.

Indirect costs are limited to 8%.

## 6. Other Submission Requirements

Submit one copy of your progress report via email to [vproctor1@hrsa.gov](mailto:vproctor1@hrsa.gov)

In addition, please send the original and 1 copy of the progress report to:

The HRSA Grants Application Center  
The Legin Group, Inc.  
Attn: *YOUR PROGRAM NAME*  
CFDA No. 93.110  
901 Russell Avenue, Suite 450  
Gaithersburg, MD 20879  
Telephone: 877-477-2123

## IV. PROGRESS REPORT REVIEW INFORMATION

### Review Process

All Continuation Applications are reviewed by grants management officials (business and financial review) and program staff (technical review and analysis of performance measures).

## V. AGENCY CONTACTS

Grantees are encouraged to request assistance in the development of their progress reports.

### Business, Administrative and Fiscal Inquiries

Grantees may obtain additional information regarding business, administrative, or fiscal issues by contacting:

#### **CE, CE/DL and COR**

Ms. Marilyn Stewart  
Grants Management Branch  
HRSA, Division of  
Grants Management Operations  
5600 Fishers Lane, Room 11-11  
Rockville, MD 20857  
Telephone: (301) 443-9022  
E-mail: [mstewart@hrsa.gov](mailto:mstewart@hrsa.gov)

#### **GME**

Mrs. Donna Nash  
Grants Management Branch  
HRSA, Division of  
Grants Management Operations  
5600 Fishers Lane, Room 11A-13  
Rockville, MD 20857  
Telephone: (301) 443-6960  
E-mail: [dnash@hrsa.gov](mailto:dnash@hrsa.gov)

### Programmatic Assistance

Additional information related to the overall program issues or technical assistance may be obtained by contacting:

#### **CE and COR**

Diana L. Rule, MPH  
Maternal and Child Health Bureau  
5600 Fishers Lane, Room 18A55

Rockville, MD 20857  
Telephone: (301) 443-0233  
E-Mail: drule@hrsa.gov  
FAX: (301) 443-4842

**CE/DL and GME**

Aaron Favors, PhD  
Maternal and Child Health Bureau  
5600 Fishers Lane, Room 18A55  
Rockville, MD 20857  
Telephone: (301) 443-0392  
E-Mail: afavors@hrsa.gov  
FAX: (301) 443-4842

## **VI. GUIDANCE APPENDICES**

### **Guidance Appendix A Progress Report Format**

**MATERNAL AND CHILD HEALTH BUREAU**  
**COVER PAGE, PROGRESS REPORT**

<p><b><i>PROGRESS REPORT</i></b></p> <p><b>MCHB PROGRAM/CATEGORY:</b></p> <hr/> <p><b>CFDA NUMBER: <u>93.110</u></b></p>	<p><b>GRANT NUMBER</b></p> <hr/> <p><b>DUNS NUMBER</b></p> <hr/>
<p>APPLICANT ORGANIZATION</p> <p>NAME:</p> <p>ADDRESS:</p> <p>TELEPHONE :</p>	<p>PROJECT DIRECTOR OR PRINCIPAL INVESTIGATOR</p> <p>NAME:</p> <p>ADDRESS:</p> <p>TELEPHONE :</p> <p>E-MAIL:</p> <p>FAX:</p>
<p>TITLE OF PROJECT:</p>	<p>NEXT BUDGET PERIOD REQUESTED:</p> <p>FROM: TO:</p>

CHANGES IN STATUS OF GRANTEE INSTITUTION, e. g. , NAME CHANGE, MERGER, DIVESTITURE  
 ( ) YES ( ) NO

PROGRESS REPORT DUE DATE: to be received on or before: April 2, 2004 Via email to [vproctor1@hrsa.gov](mailto:vproctor1@hrsa.gov) AND 2 hard copies to HRSA Grants Application Center

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE, FILED, AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION. IF THERE ARE ANY CHANGES, PROVIDE AN EXPLANATION AND PLACE IT AFTER THIS PAGE.

HUMAN SUBJECTS; VERTEBRATE ANIMALS; DEBARMENT AND SUSPENSION; LOBBYING; DELINQUENT FEDERAL DEBT; RESEARCH; MISCONDUCT; CIVIL RIGHTS (FORM HHS 441 OR HHS 690); HANDICAPPED INDIVIDUALS (FORM HHS 641 OR HHS 690); SEX DISCRIMINATION (FORM HHS 639-A OR HHS 690); AGE DISCRIMINATION (FORM HHS 680 OR 690)

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS PROGRESS REPORT ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ABOVE-MENTIONED ASSURANCES/CERTIFICATIONS IF THE ASSISTANCE IS AWARDED.**

DATE SIGNED \_\_\_\_\_

## II. TABLE OF CONTENTS

1. Cover Sheet.....	
2. Table of Contents.....	
3. Detailed Budget .....	
4. Budget Justification .....	
5. Abstract of Project (3 pages).....	
6. Narrative Progress Report.....	
A. Administration/Organization .....	
B. Project Plan Amendments.....	
C. Training.....	
D. Collaboration/Coordination .....	
E. Leadership.....	
F. Marketing/Dissemination.....	
G. Evaluation/Impact .....	

**DETAILED BUDGET**

Direct Costs Only						
A. Non-trainee Expenses						
Personnel (Do not list trainees)		Time/Effort		Dollar Amount Requested (Omit Cents)		
Name	Title of Position	%	Hours per week	Salary	Fringe Benefits	Total
<b>Subtotals</b>						
<b>Consultant Costs</b>						
<b>Equipment (Itemize)</b>						
<b>Contracts</b>						
<b>Supplies (Itemize by category)</b>						
<b>Staff Travel</b>						
<b>Other Expenses (Itemize by category)</b>						
<b>Subtotals (Section A)</b>						
<b>B. Trainee Expenses</b>						
<b>Predoctoral Stipends</b>		<b>No. requested:</b>				
<b>Postdoctoral Stipends</b>		<b>No. requested:</b>				
<b>Other (Specify)</b>		<b>No. requested:</b>				
		<b>Total Stipends</b>				
<b>Tuition and Fees</b>						
<b>Trainee Travel (Describe)</b>						
<b>Subtotal (Section B)</b>						
<b>C. Total Direct Costs (Add Subtotals of Sections A and B)</b>						

HRSA-6025-2 (Formerly PHS-6025-2)  
(revised 06/2000)



#### IV. Budget Justification

##### A. Nontrainee Expenses

###### a. Personnel

###### b. Consultant Costs

###### c. Equipment

###### d. Contracts

###### e. Supplies

###### f. Staff Travel

###### g. Other Expenses

##### B. Trainee Expenses

###### a. Predoctoral

###### b. Postdoctoral

###### c. Other

###### d. Tuition and Fees

###### e. Trainee Travel

##### C. Indirect Costs

## Data for Current Budget Period

Grant Number	Budget Period (From) (Through)
--------------	-----------------------------------

The following pertains to your CURRENT training grant budget. This information, in conjunction with the information provided on the preceding page will be used in determining the amount of support for the NEXT budget period.

A. Budget	Current Budget (as approved by awarding unit)	Actual Expenditures Through <hr/> (insert date)	Estimated Additional Expenditures and Obligations for the remainder of the Current Budget Period	Total Estimated Expenditures and Obligations (Col 2 + Col 3)	Estimated Unobligated Balance (Subtract Col 4 from Col 1)
	(1)	(2)	(3)	(4)	(5)
Total Direct Costs					
Indirect Costs (as provided)					
TOTALS	\$	\$	\$	\$	\$

B. Explain any significant deficit or balance in Column 5. If you would like to request a carry forward of these funds, you must submit a letter to the grants management officer and a copy to your project officer requesting the funds.

C. Indicate whether all stipends awarded for the current budget period are being or are expected to be utilized. Describe problems which prevented or will prevent their use.

## **V. ABSTRACT OF TRAINING PROJECT**

### **Project Identifying Information**

**Project Title:**

**MC Number:**

**Project Director:**

**Contact Person:**

**Grantee Organization:**

**Address:**

**Phone Number:**

**FAX Number:**

**E-mail Address:**

**World Wide Web Address:**

**Project Period:**

**ANNOTATION:**

**KEY WORDS:**

## **ABSTRACT OF TRAINING PROJECT (3 pages)**

**PROBLEM:**

**GOALS AND OBJECTIVES:**

**METHODOLOGY:**

**COORDINATION:**

**EVALUATION:**

**EXPERIENCE TO DATE:**

## VI. Program Narrative

### A. Administration/Organization

### B. Project Amendments

### C. Training

#### Trainee Data Form

OMB #0915-0272

Expiration Date: January 31, 2006

#### Short-term (Less than 40 contact hours) and Medium-term (40 or more and less than 300 contact hours) Training Information

Number of Short term Trainees during the past 12-month grant period \_\_\_\_\_

List types/disciplines (i.e., pediatricians, nutritionists, etc.) \_\_\_\_\_

Number of Medium term Trainees during the past 12-month grant period \_\_\_\_\_

List types/disciplines (i.e., residents, interns, etc) \_\_\_\_\_

#### Continuing Education and Continuing Education/Distance Learning Form

OMB #0915-0272

Expiration Date: January 31, 2006

Topic	Method*	Number of CE Students	Duration in Hours	Continuing Education Credits Provided? Y/N

\*Method: Presentation/Seminar; Workshop/Conference; Web-based Course; Audioconference; Videoconference, etc.

List the Topics, methods, number of students, duration and whether CE units were provided for all CE activities in the past project year.

### D. Collaboration/Coordination

### E. Leadership

F. Marketing/Dissemination

G. Evaluation/Impact

## **Appendix: BIOGRAPHICAL SKETCH (Submit for new faculty only)**

The biographical sketch must include:

**Name** (Last, first, middle initial),

**Title on Training Grant,**

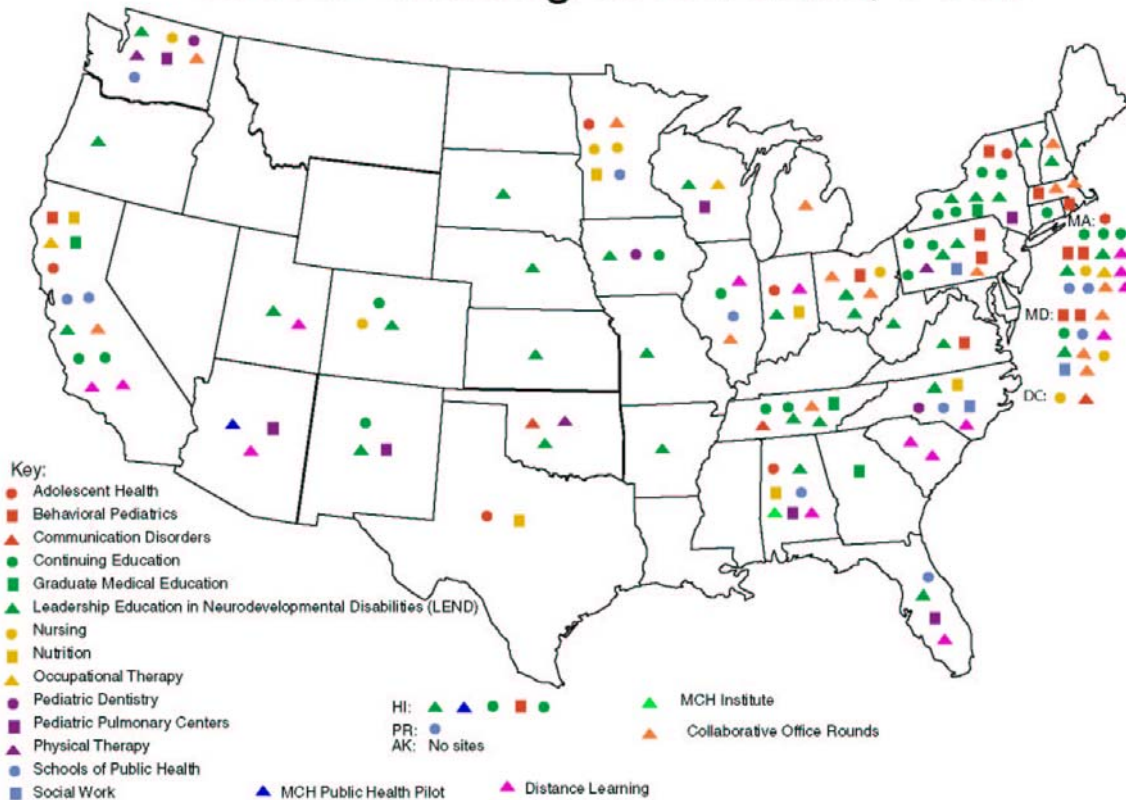
**Education,** and,

**Professional Experience,** beginning with the current position, then in reverse chronological order, a list of relevant previous employment and experience. Also, a list, in reverse chronological order, of all relevant publications, or most representative, must be provided. Please attempt to provide this information in two (2) pages.

## Guidance Appendix B

### MCH TRAINING GRANTS BY STATE

#### MCHB Training Grant Sites, FY03



**\*For complete contact information please call  
LaTasha Covington @ (301) 443-2923 or email @  
Lcovington@hrsa.gov**